

Data Management Report

May 2017

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010	2003	1999	1997	1995	1988		
Middle	1932	1924	1926	1923	1919	1916	1911	1901	1900	1899		
West	1138	1130	1124	1124	1125	1124	1116	1115	1110	1110		
Statewide	5097	5063	5065	5061	5054	5043	5026	5013	5005	4997	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255	5135	5135	5135	5135	5135	5135
Unduplicated waiver participants.	5180	5183	5188	5194	5200	5200	5048	5050	5050	5051		
# of slots remaining for calendar year	75	72	67	61	55	55	87	85	85	84	5135	5135

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481	479	477	476	468	468		
Middle	527	524	524	524	517	516	511	506	509	505		
West	730	733	731	730	728	726	727	730	730	725		
Statewide	1748	1746	1742	1748	1726	1721	1715	1712	1707	1698	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
Unduplicated waiver participants.	1805	1806	1807	1807	1809	1811	1723	1726	1728	1728		
# of slots remaining for calendar year	118	117	116	116	114	112	200	197	195	195		

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399	397	398	394	395	394		
Middle	467	463	463	465	465	465	463	459	455	453		
West	373	368	369	368	367	367	365	363	361	360		
Statewide	1244	1237	1236	1236	1231	1229	1226	1216	1211	1207	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
Unduplicated waiver participants.	1312	1313	1313	1313	1313	1313	1229	1230	1230	1230		
# of slots remaining for calendar year	490	489	489	489	489	489	573	572	572	572		

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3	3	3	3	3	3		
Middle	1	1	1	0	0	0	0	0	0	0		
West	1	1	1	1	1	1	1	1	1	1		
HJC FAU (Forensic)	4	5	4	4	4	4	3	4	3	4		
HJC BSU (Behavior)	4	3	3	3	3	3	4	3	3	3		
Statewide	13	13	12	11	11	11	11	11	10	11	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0	0	0	0	0	0		
Middle	0	0	0	0	0	0	0	0	0	0		
West	0	0	0	0	0	0	0	0	0	0		
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55	50	44	37	32	20		
HJC- Day One (ICF)	6	6	7	7	8	6	6	6	5	6		
Total	66	64	64	64	63	56	50	43	37	26	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61	63	64	64	64	64		
Middle	36	36	36	35	36	36	36	36	36	36		
West	48	48	48	48	47	47	47	46	46	46		
TOTAL	147	146	144	144	144	146	147	146	146	146	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	8206	8175	8141	8116	8085	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	2995	2985	2971	2957	2937	0	0
Middle	2977	2962	2964	2961	2952	2946	2934	2915	2911	2870		
West	2290	2280	2273	2271	2268	2265	2256	2255	2248	2242	0	0
Total	8315	8269	8263	8264	8229	8206	8175	8141	8116	8049		

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2	2	2	5	1	0			14
SD Waiver	10	1	0	0	0	0	0	0	0	0			11
Statewide Waiver	10	3	6	6	5	1	4	2	0	1			38
Total Waiver Enrollments	20	5	7	6	7	3	6	7	1	1			63

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	1	0	0	1	1	1	3	0	0			7
West	0	0	1	0	1	1	1	2	1	0			7
Grand Total CAC Waiver	0	1	1	0	2	2	2	5	1	0			14

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0	0			4
Middle	3	0	0	0	0	0	0	0	0	0			3
West	4	0	0	0	0	0	0	0	0	0			4
Grand Total SD Waiver	10	1	0	0	0	0	0	0	0	0			11

SD Waiver Aging Caregiver		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	East	2	1	0	0	0	0	0	0	0	0			3
	Middle	0	0	0	0	0	0	0	0	0	0			0
	West	1	0	0	0	0	0	0	0	0	0			1
	Total	3	1	0	0	0	0	0	0	0	0			4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0	0			4
Middle	1	0	0	1	0	1	0	0	0	1			4
West	2	0	1	0	1	0	0	0	0	0			4
Total	6	1	1	1	1	1	0	0	0	1			12

Secondary Enrollment Source of Crisis:

APS		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	East	0	0	0	0	0	0	0	0	0	0			0
	Middle	0	0	0	0	0	0	0	0	0	0			0
	West	0	0	0	0	0	0	0	0	0	0			0
	Total	0	0	0	0	0	0	0	0	0	0			0
CHOICES		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0	0	0			0
	Middle	0	0	0	0	0	0	0	0	0	0			0
	West	1	0	0	0	0	0	0	0	0	0			1
	Total	1	0	0	0	0	0	0	0	0	0			1

CORRECTIONAL FACILITY	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	0	0	0	0	0	0	0	0	0			0
West	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

DCS Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	1	3	1	0	0	3	0	0	0			9
Middle	0	0	2	1	3	0	1	0	0	0			7
West	0	1	0	3	1	0	0	2	0	0			7
Total	1	2	5	5	4	0	4	2	0	0			23

DC Transitions into Statewide	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0	0	0	0	0	0	0	0	0	0			0
HJC	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

ICF Transfer Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	0	0	0	0	0	0	0	0	0			0
West	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

MH Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	0	0	0	0	0	0	0	0	0			0
West	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

PASRR NON NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	0	0	0	0	0	0	0	0	0			0
West	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

PASRR in NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0			0
Middle	0	0	0	0	0	0	0	0	0	0			0
West	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0

SD Waiver Transfers	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	0	0	0	0	0	0	0	0	0			1
Middle	1	0	0	0	0	0	0	0	0	0			1
West	1	0	0	0	0	0	0	0	0	0			1
Total	3	0	0	0	0	0	0	0	0	0			3

Total by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5	2	3	1	0	0	3	0	0	0			14
Middle	2	0	2	2	3	1	1	0	0	1			12
West	3	1	1	3	2	0	0	2	0	0			12
Grand Total Statewide Waiver	10	3	6	6	5	1	4	2	0	1			38

Analysis

There were 1 waiver enrollment for April 2017. 0 individuals were enrolled into the SD waiver. 1 individual was enrolled into the Statewide waiver. 0 individuals were enrolled into the CAC waiver.

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0	1	0	0	3	0			7
Involuntary- Death	13	1	2	6	7	7	6	3	7	8			60
Involuntary- Safety	0	0	0	1	0	0	0	0	0	0			1
Involuntary- Incarceration	2	0	0	0	1	0	0	0	0	0			3
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0			0
Involuntary- Out of State	0	0	0	0	0	0	0	0	0	0			0
Total Disenrolled	17	2	2	7	8	8	6	3	10	8			71

SD Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0	1	2	2	3	3	1	6	1	5			24
Involuntary- Death	0	2	2	1	0	1	0	0	1	1			8
Involuntary- Safety	0	0	0	0	0	0	0	0	0	1			1
Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0			0
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0			0
Involuntary- Out of State	2	0	0	0	0	0	0	0	0	0			2
Total Disenrolled	2	3	4	3	3	4	1	6	2	7			35

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3	2	4	4	7	4			37
Involuntary- Death	10	11	7	10	5	13	13	7	8	9			93
Involuntary- Safety	0	0	0	0	0	0	0	0	0	0			0
Involuntary- Incarceration	0	0	0	1	0	0	0	0	0	0			1
Involuntary- NF > 90 Days	1	0	0	0	0	0	0	0	0	0			1
Involuntary- Out of State	0	0	0	0	1	0	0	0	0	0			1
Total Disenrolled	13	14	12	14	9	15	17	11	15	13			133

Analysis:

Census reflects the number of people in the facility on the last day of the month.

Greene Valley		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census	[June 2016 60]	60	58	57	57	55	50	44	37	32	20			
Discharges														
Death		0	1	0	0	0	0	0	0	0	0			1
Transition to another dev center		0	0	0	0	0	0	0	0	0	0			0
Transition to community state ICF		0	0	0	0	0	2	0	0	0	0			2
Transition to private ICF		0	1	1	0	2	3	6	7	5	12			37
Transition to waiver program		0	0	0	0	0	0	0	0	0	0			0
Transition to non DIDD svcs		0	0	0	0	0	0	0	0	0	0			0
Total Discharges		0	2	1	0	2	5	6	7	5	12			40

[illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15	13	13	12	11	13			
Admissions	FYTD												
HJC Day One (ICF)	0	0	0	0	0	0	0	0	0	0			0
HJC FAU (SF)	0	1	0	0	1	0	0	2	0	1			5
HJC BSU (SF)	0	0	0	0	1	0	2	1	0	1			5
Total Admissions	0	1	0	0	2	0	2	3	0	2			10
Discharges													
Death	0	0	0	0	0	0	0	0	0	0			0
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to private ICF	0	0	0	0	0	1	1	2	0	0			4
Transition to waiver program	0	1	0	0	1	1	0	0	1	0			4
Transition back to community	1	0	0	0	0	0	1	2	0	0			4
Total Discharges	1	1	0	0	1	2	2	4	1	0			12
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61	63	64	64	64	64			FYTD
Admissions	0	0	0	1	0	2	1	0	0	0			4
Discharges													
Death	0	1	2	0	0	0	0	0	0	0			3
Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
Total Discharges	0	1	2	0	0	0	0	0	0	0			3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36	36	36	36	36	36			FYTD
Admissions	0	0	0	0	1	0	0	0	0	0			1
Discharges													
Death	0	0	0	1	0	0	0	0	0	0			1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
Total Discharges	0	0	0	1	0	0	0	0	0	0			1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47	47	47	47	47	48			FYTD
Admissions	0	0	0	0	0	0	0	0	0	1			1
Discharges													
Death	0	0	0	0	1	0	0	0	0	0			1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
Total Discharges	0	0	0	0	1	0	0	0	0	0			1

Analysis:

For April 2017 HJC had 2 admissions and 0 discharges bringing the census to 13. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 36 , WTCH had 0 discharges and 0 admissions which held the census to 47 and GVDC had 12 transitions, which decreased the census to 20.

D Protection From Harm/ Complaint Resolution
Data Source:
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0	0	0	1	0	2		
# from TennCare	0	0	0	0	0	0	0	0	0	0		
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from a Concerned Citizen	0	0	0	0	0	0	0	0	0	2		
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%		
# from the Waiver Participant	0	0	0	0	0	0	0	0	0	0		
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from a Family Member	0	0	0	0	0	0	0	0	0	0		
% from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from Conservator	1	0	0	0	0	0	0	1	0	0		
% from Conservator	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A		
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0		
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from PTP Interview	0	0	0	0	0	0	0	0	0	0		
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4	11	16	17	13	6		
# from TennCare	0	0	0	0	0	0	0	0	0	0		
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from a Concerned Citizen	2	6	4	1	1	1	0	1	2	2		
% from a Concerned Citizen	50%	50%	40%	14%	25%	9%	N/A	6%	15%	33%		
# from the Waiver Participant	0	0	0	1	0	2	3	1	3	0		
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A	18%	19%	6%	23%	N/A		
# from a Family Member	0	4	1	1	2	8	3	4	0	3		
% from a Family Member	N/A	33%	10%	14%	50%	73%	19%	24%	N/A	50%		
# from Conservator	2	2	5	4	1	0	10	8	8	1		
% from Conservator	50%	17%	50%	57%	25%	N/A	63%	47%	62%	17%		
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0		
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from PTP Interview	0	0	0	0	0	0	0	3	0	0		
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A		

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5	5	2	6	2	3		
# from TennCare	0	0	0	0	0	1	0	0	0	0		
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from a Concerned Citizen	1	3	1	0	0	1	0	1	0	1		
% from a Concerned Citizen	50%	50%	100%	N/A	N/A	20%	N/A	17%	N/A	33%		
# from the Waiver Participant	1	0	0	0	0	1	0	0	0	0		
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A	20%	N/A	N/A	N/A	N/A		
# from a Family Member	0	2	0	0	1	0	0	0	0	0		
% from a Family Member	N/A	33%	N/A	N/A	20%	N/A	N/A	N/A	N/A	N/A		
# from Conservator	0	1	0	2	4	3	0	5	2	2		
% from Conservator	N/A	17%	N/A	100%	80%	60%	N/A	83%	100%	67%		
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0		
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# from PTP Interview	0	0	0	0	0	0	2	0	0	0		
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A		

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5	5	2	6	2	3		
# Behavior Issues	0	1	0	0	0	0	0	0	0	0		
% Behavior Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# Day Service Issues	1	0	0	0	0	1	0	1	0	0		
% Day Service Issues	50%	N/A	N/A	N/A	N/A	20%	N/A	17%	N/A	N/A		
# Environmental Issues	0	1	0	0	0	0	0	0	0	0		
% Environmental Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# Financial Issues	0	2	0	1	1	0	0	0	0	1		
% Financial Issues	N/A	33%	N/A	50%	20%	N/A	N/A	N/A	N/A	33%		
# Health Issues	0	0	1	0	0	1	0	1	0	0		
% Health Issues	N/A	N/A	100%	N/A	N/A	20%	N/A	17%	N/A	N/A		
# Human Rights Issues	1	1	0	0	0	1	1	1	0	0		
% Human Rights Issues	50%	17%	N/A	N/A	N/A	20%	50%	17%	N/A	N/A		
# ISC Issues	0	0	0	0	0	0	0	0	0	0		
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# ISP Issues	0	0	0	0	0	0	1	0	0	0		
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A		
# Staffing Issues	0	0	0	1	4	2	0	3	2	2		
% Staffing Issues	N/A	N/A	N/A	50%	80%	40%	N/A	50%	100%	67%		
# Therapy Issues	0	0	0	0	0	0	0	0	0	0		
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# Transportation Issues	0	1	0	0	0	0	0	0	0	0		
% Transportation Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# Case Management Issues	0	0	0	0	0	0	0	0	0	0		
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
# Other Issues	0	0	0	0	0	0	0	0	0	0		
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR APRIL, 2017 REPORT.

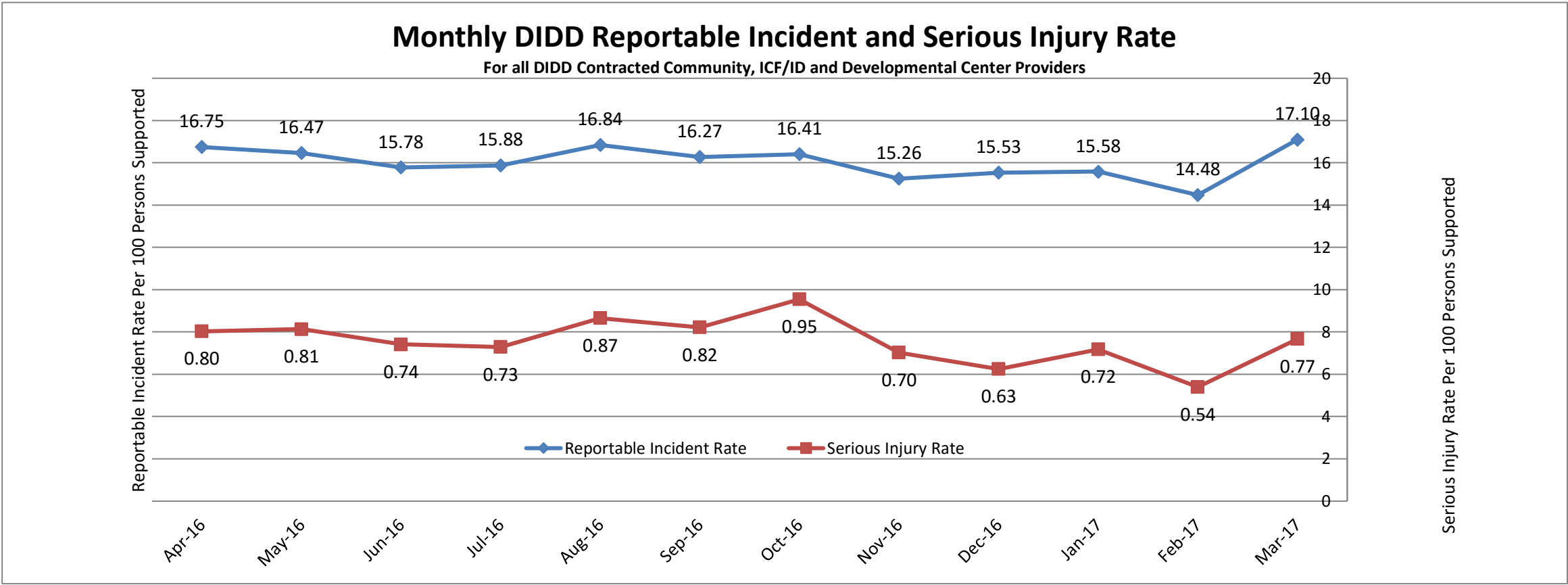
There were **(11) Complaint issues** statewide as documented in Crystal Reports. This is a decrease of four **(4)** from the previous month. There were two **(2) SD Waiver** complaints. There were three **(3) CAC Waiver** complaints and six **(6) Statewide Waiver** complaints. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was **100% compliance** for resolving complaints within 30 days for the month of **April 2017**.

THE MAIN COMPLAINT ISSUES involved: Staff Supervision/Management (1), Staff Communication (3), Human Rights (1), Financial (3), Health Related (1), Transportation (1) and Staff Training (1).

There were **77 Advocacy Interventions** completed by the statewide CFS team in March 2017. This number represents a slight uptick in activity. * *Advocacy Interventions are Conflict-Resolution facilitations conducted by CFS, as requested, that are not formal complaints documented in COSMOS.*

FOCUS GROUPS (4) were held in Memphis, Jackson, Greeneville, and Knoxville. There were approximately **116** participants in the Focus Groups. Topics included: Stress Management, Employment-related issues, and a presentation by the PCP Unit. **Update – The Middle Region CFS staff continue to explore options/locations for the re-establishment of CFS-Focus Groups in/around the Nashville area.**

D									Protection From Harm/Incident Management					
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586	540	559	489	483	554			5319
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75	16.45	17.11	15.02	14.894	17.16			16.2
	# of Serious Injuries	26	17	29	34	29	24	21	23	21	21			245
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88	0.73	0.64	0.71	0.65	0.65			0.7
	# of Incidents that were Falls	35	29	37	38	34	33	50	26	30	40			352
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03	1.01	1.53	0.799	0.9251	1.24			1.1
	# of Falls resulting in serious injury	8	9	12	17	10	15	10	9	13	12			115
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%	62.5%	47.6%	39.1%	61.9%	57.1%			47.8%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479	415	465	451	457	544			4893
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83	12.89	14.47	14.08	14.358	17.11			15.2
	# of Serious Injuries	24	30	28	30	33	26	19	22	15	31			258
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02	0.81	0.59	0.687	0.4713	0.97			0.8
	# of Incidents that were Falls	25	54	32	46	49	38	30	32	26	40			372
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52	1.18	0.93	1.00	0.82	1.26			1.2
	# of Falls resulting in serious injury	9	15	12	12	18	11	12	12	8	20			129
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%	42.3%	63.2%	54.5%	53.3%	64.5%			50.3%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414	415	367	451	347	418			4073
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69	16.75	14.83	18.28	14.083	17.02			16.4
	# of Serious Injuries	17	19	21	10	24	13	16	19	12	16			167
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97	0.52	0.65	0.77	0.49	0.65			0.7
	# of Incidents that were Falls	22	28	34	12	33	29	30	25	20	31			264
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33	1.17	1.21	1.01	0.81	1.26			1.1
	# of Falls resulting in serious injury	9	9	13	2	7	8	9	10	4	6			77
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%	61.5%	56.3%	52.6%	33.3%	37.5%			45.3%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479	1370	1391	1391	1287	1516			14283
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41	15.26	15.53	15.58	14.477	17.10			15.9
	# of Serious Injuries	67	66	78	74	86	63	56	64	48	68			670
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95	0.70	0.63	0.717	0.5399	0.77			0.7
	# of Incidents that were Falls	82	111	103	96	116	100	110	83	76	111			988
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29	1.11	1.23	0.93	0.8549	1.25			1.1
	# of Falls resulting in serious injury	26	33	37	31	35	34	31	31	25	38			321
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%	54.0%	55.4%	48.4%	52.1%	55.9%			48.5%



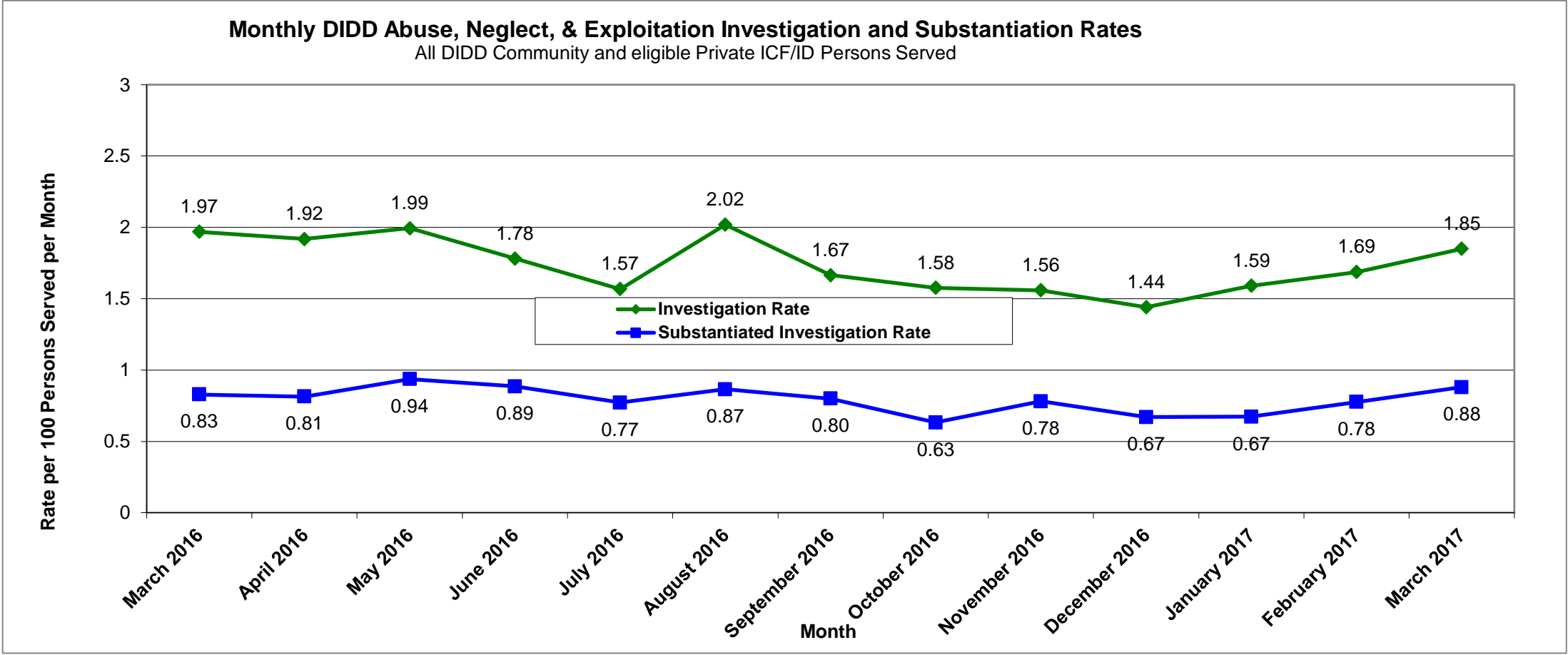
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for March 2017 Increased from 14.48 to 17.10. The rate of Serious Injury per 100 persons supported increased from 0.54 to 0.77. The rate of Falls per 100 persons supported increased from 0.85 to 1.25. The number of Serious Injuries due to Falls increased from 25 to 38. The percentage of Serious Injuries due to Falls was 55.9%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for April 2015 – March 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, April 2015 – March 2016, was 15.96 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, April 2016 – March 2017, is 16.03 per 100 persons supported. Analysis showed an increase of 0.07 in the average incident rate.

D	Protection From Harm/Investigations												
	East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
	Census	3314	3317	3296	3295	3302	3282	3268	3256	3243	3229		
	# of Investigations	52	41	49	36	38	36	35	39	33	49		
	Rate of Investigations per 100 people	1.57	1.24	1.49	1.09	1.15	1.10	1.07	1.20	1.02	1.52		
	# of Substantiated Investigations	23	19	11	12	17	19	15	16	14	24		
	Rate of Substantiated Investigations per 100 people	0.69	0.57	0.33	0.36	0.51	0.58	0.46	0.49	0.43	0.74		
	Percentage of Investigations Substantiated	44%	46%	22%	33%	45%	53%	43%	41%	42%	49%		
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229	3220	3214	3204	3183	3180		
# of Investigations		60	58	79	57	51	56	48	46	54	63		
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58	1.74	1.49	1.44	1.70	1.98		
# of Substantiated Investigations		36	36	41	29	22	31	24	25	31	28		
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68	0.96	0.75	0.78	0.97	0.88		
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%	55%	50%	54%	57%	44%		
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480	2477	2474	2467	2464	2456		
# of Investigations		49	43	54	57	53	48	46	57	63	52		
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14	1.94	1.86	2.31	2.56	2.12		
# of Substantiated Investigations		21	15	26	31	18	20	21	19	24	26		
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73	0.81	0.85	0.77	0.97	1.06		
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%	42%	46%	33%	38%	50%		
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011	8979	8956	8927	8890	8865		
# of Investigations		161	142	182	150	142	140	129	142	150	164		
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58	1.56	1.44	1.59	1.69	1.85		
# of Substantiated Investigations		80	70	78	72	57	70	60	60	69	78		
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63	0.78	0.67	0.67	0.78	0.88		
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%	50%	47%	42%	46%	48%		



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

The monthly statewide rate of reportable incidents per 100 persons supported for March 2017 Increased from 14.48 to 17.10. The rate of Serious Injury per 100 persons supported increased from 0.54 to 0.77. The rate of Falls per 100 persons supported increased from 0.85 to 1.25. The number of Serious Injuries due to Falls increased from 25 to 38. The percentage of Serious Injuries due to Falls was 55.9%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for April 2015 – March 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, April 2015 – March 2016, was 15.96 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, April 2016 – March 2017, is 16.03 per 100 persons supported. Analysis showed an increase of 0.07 in the average incident rate.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268	2225	2297	2847	2281	2909		
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25	43	39	52	54	58		
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%	2%	2%	2%	2%	2%		
Total Grier denial letters issued	24	30	23	22	21	34	31	31	36	32		
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	1	1	0	0		
Termination	0	0	0	0	0	0	0	0	0	0		
Reduction	0	0	0	0	0	0	0	0	0	0		
Suspension	0	0	0	0	0	0	0	0	0	0		
Total Received	0	0	0	0	0	0	1	1	0	0		
DENIAL OF SERVICE												
Total Received	0	0	0	0	0	0	3	2	0	0		
Total Grier Appeals Received	0	0	0	0	0	0	4	3	0	0		
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	1		
Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0	0		
TOTAL HEARINGS	4	0	1	0	0	1	0	0	1	4		
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0		
Other	1	0	0	0	0	0	0	0	0	0		
Total Directives Received	1	1	0	0	0	0	0	0	0	0		
Overtured Directives	0	1	0	0	0	0	0	0	0	0		
MCC Directives	0	0	0	\$0	0	0	0	0	0	0		
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
LATE RESPONSES												
Total Late Responses	0	0		0	0	0	0	0	0	0		
Total Days Late	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00		
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2	1	0	0	0	1		
Continuing Delay Issues (Unresolved)	3	4	5	2	2	4	5	3	2	2		
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	113	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,500	\$0	\$0		

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348	2480	2100	2625	2448	2735		
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87	106	88	98	70	83		
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%	4%	4%	4%	3%	3%		
Total Grier denial letters issued	76	77	88	65	55	71	44	81	38	59		
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	0	0	0	2		
Termination	0	0	0	0	0	0	0	0	0	0		
Reduction	0	0	0	0	0	0	0	0	0	0		
Suspension	0	0	0	0	0	0	0	0	0	0		
Total Received	1	0	0	1	0	0	0	0	0	2		
DENIAL OF SERVICE												
Total Received	3	7	5	4	4	4	9	0	0	6		
Total Grier Appeals Received	4	7	5	5	4	4	9	0	0	8		
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0		
Total appeals overturned upon reconsideration	0	0	2	0	0	0	1	1	0	2		
TOTAL HEARINGS	2	1	0	3	3	1	2	0	4	3		
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0		
Other	1	0	1	0	0	0	1	0	0	0		
Total Directives Received	1	0	1	0	0	0	1	0	0	0		
Overturned Directives	0	0	0	0	0	0	0	0	0	0		
MCC Directives	0	0	0	0	0	0	0	0	0	0		
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0		
Total Days Late	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	1	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0		
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1	0	0	0	0	2		
Continuing Delay Issues (Unresolved)	1	1	0	0	1	0	0	0	0	1		
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	0	0	0		
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0		

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226	2159	1704	1942	1719	2166		
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180	150	90	145	91	175		
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%	7%	5%	8%	5%	8%		
Total Grier denial letters issued	96	126	112	105	112	105	72	94	66	112		
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	0	0	0	0		
Termination	0	0	0	0	0	0	0	0	0	0		
Reduction	0	0	0	0	0	0	0	0	0	0		
Suspension	0	0	0	0	0	0	0	0	0	0		
Total Received	0	0	0	0	0	0	0	0	0	0		
DENIAL OF SERVICE												
Total Received	0	3	3	3	4	4	2	5	2	2		
Total Grier Appeals Received	0	3	3	3	4	4	2	5	2	2		
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0		
Total appeals overturned upon reconsideration	0	1	1	3	2	2	2	2	1	0		
TOTAL HEARINGS	2	2	1	0	4	4	2	0	3	1		
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	2	2	2	0	0	0		
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0		
Other	0	0	0	0	0	0	0	0	0	0		
Total Directives Received	0	0	0	0	0	0	0	0	0	0		
Overturned Directives	0	0	0	0	0	0	0	0	0	0		
MCC Directives	0	0	0	0	0	0	0	0	0	0		
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0		
Total Days Late	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00		
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1	1	3	0	2	1		
Continuing Delay Issues (Unresolved)	1	2	2	2	1	0	0	1	1	2		
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	15	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,500	\$0	\$0		

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842	6864	6101	7414	6448	7810		
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292	299	217	295	215	316		
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%	4%	4%	4%	3%	4%		
Total Grier denial letters issued	196	233	223	192	188	210	147	206	140	203		
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	1	1	0	2		
Termination	0	0	0	0	0	0	0	0	0	0		
Reduction	0	0	0	0	0	0	0	0	0	0		
Suspension	0	0	0	0	0	0	0	0	0	0		
Total Received	1	0	0	1	0	0	1	1	0	2		
DENIAL OF SERVICE												
Total Received	3	10	8	7	8	8	14	7	2	8		
Total Grier Appeals Received	4	10	8	8	8	8	15	8	2	10		
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	1		
Total appeals overturned upon reconsideration	0	1	3	3	2	2	3	3	1	2		
TOTAL HEARINGS	8	3	2	3	3	2	2	0	8	8		
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0		
Other	2	1	1	0	0	0	1	0	0	0		
Total Directives Received	2	1	1	0	0	0	1	0	0	0		
Overturned Directives	0	0	0	0	0	0	0	0	0	0		
MCC Directives	0	0	0	0	0	0	0	0	0	0		
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574	\$0	\$31,598	\$0	\$0	\$0		
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970	\$102,970	\$134,568	\$134,568	\$134,568	#####		
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0		
Total Days Late	0	0	0	0	0	0	0	0	0	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0	\$0.00		
Total Defective Notices Received	0	0	0	0	0	0	0	0	1	0		
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0		
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4	2	3	0	2	4		
(Unresolved)	5	7	7	4	4	4	5	4	3	5		
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	128	0	0		
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$64,000	\$0	\$0		

Appeals:

The DIDD received 10 appeals in March, compared to 2 received during the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that March experienced a 12.3% decrease in volume based on this average.

The DIDD received 7810 service requests in March compared to 6448 received in February (21.1% increase in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that March experienced a 5.6% increase in volume based on this average.

4% of service plans were denied statewide in March compared to 3.3% in February. The average of service plans denied per month during Fiscal Year 2016 was 4.4%, indicating that March experienced a slight decrease of .4%.

Directives:

No directives were received statewide during this reporting month.

Cost Avoidance:

There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

There were no sanctioning or fining issues this month.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	11				47			
Total Census of Providers Surveyed	603				1692			
# of Sample Size	76				280			
% of Individuals Surveyed	13%				17%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	90%	9%	0%	0%	89%	10%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	54%	36%	9%	0%	65%	31%	2%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	72%	18%	9%	0%	68%	29%	2%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	80%	18%	0%	0%	82%	17%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	95%	4%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	54%	45%	0%	0%	40%	57%	2%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	60%	30%	10%	0%	75%	15%	5%	5%
Domain 5: Health								
Outcome A. The person has the best possible health.	81%	18%	0%	0%	72%	25%	2%	0%
Outcome B. The person takes medications as prescribed.	54%	45%	0%	0%	69%	23%	4%	2%
Outcome C. The person's dietary and nutritional needs are adequately met.	81%	18%	0%	0%	93%	6%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	72%	18%	9%	0%	68%	25%	6%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	81%	9%	9%	0%	65%	29%	4%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	81%			18%	63%			36%
Outcome C. Provider staff are adequately supported.	72%	27%	0%	0%	78%	21%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	95%	2%	2%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	63%	36%	0%	0%	68%	29%	2%	0%
Outcome B. People's personal funds are managed appropriately.	70%	20%	10%	0%	51%	33%	15%	0%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month	2				3			
Total Census of Providers Surveyed	2				69			
# of Sample Size	2				10			
% of Individuals Surveyed	100%				14%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	66%	33%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	1%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	33%	66%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	50%	0%	0%	1%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	0%	100%	0%	0%
Indicator 9.B.2.: Provider staff have received	0%			100%	0%			100%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	66%	33%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	50%	50%	0%	0%	66%	33%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	3				6			
Total Census of Providers Surveyed	62				219			
# of Sample Size	13				28			
% of Individuals Surveyed	21%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	33%	33%	33%	0%	16%	50%	33%	0%
Outcome B. Services and supports are provided according to the person's plan.	66%	33%	0%	0%	50%	50%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	33%	33%	0%	16%	66%	16%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	83%	16%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	66%	33%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	83%	16%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	50%	50%	0%	0%	75%	25%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	66%	0%	0%	16%	66%	16%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	83%	16%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	66%			33%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				5			
Total Census of Providers Surveyed	77				206			
# of Sample Size	10				27			
% of Individuals Surveyed	13%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	50%	50%	0%	0%	20%	60%	0%	20%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	40%	40%	0%	20%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	40%	20%	20%	20%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	50%	50%	0%	0%	80%	20%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	50%	0%	0%	40%	60%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received	na			na	na			na
Outcome C. Provider staff are adequately supported.	50%	50%	0%	0%	66%	33%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								63%
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	50%	50%	0%	0%	80%	20%	0%	0%

QA Summary for QM Report (thru 4/2017 data)

Performance Overview- Calendar Year 2017 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	28%	32%	33%	N/A	17%	N/A	N/A
Proficient	38%	32%	67%	N/A	50%	N/A	60%
Fair	33%	36%	N/A	N/A	33%	N/A	20%
Significant Concerns	1%	N/A	N/A	N/A	N/A	N/A	20%
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	61	47	3	N/A	6	N/A	5

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Adult Community Training, Community Health of East Tennessee, Exceptional Enterprises, Lighthouse Independent Living, Sertoma Center; Middle- Community Options, Friendship Home Solutions, Sitters and More, Waves; West- A+ Care Solutions, Faith Specialized Care Services.

East Region:

Adult Community Training: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2016 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2016). This decrease in compliance was specific to issues identified in Domain 5 (SC-PC).

The provider should focus efforts to ensure the following:

- Consents are completed in accordance with DIDD requirements.
- Needed health care services and supports are provided.
- An accepted medication safety policy is procured.
- Appropriately trained staff administer medications.

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

A recoupment letter was sent to the provider on April 25, 2017, in the amount of \$18.54. The recoupment was specific to issues regarding billing for Employment services when documentation did not support the provision of the service.

Community Health of East Tennessee: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. This is the same score that the agency received in 2016.

The provider should focus efforts to ensure the following:

- Provision of services and supports are documented in accordance with the plan (This is a repeat issue – Indicator 2.B.5).
- Potential employees are screened (Criminal background checks meet DIDD requirements for scope).
- Staff demonstrate and provide supports that promote value, respect and fair treatment for persons they support.
- Needed health care services and supports are provided.
- Medication administration records are appropriately maintained.

A recoupment letter was sent to the provider on April 24, 2017, in the amount of \$162.48. The recoupment was specific to issues regarding billing for In Home Day services when documentation did not support the provision of the service.

A Sanction Warning letter was sent to the provider on April 28, 2017 regarding New Hire Staff Qualifications requirements.

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Exceptional Enterprises: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2016 survey results, this is a 2-point decrease in compliance (52-Proficient in 2016). This decrease in compliance was specific to issues identified in Domain 5 (SC-PC).

The provider should focus efforts to ensure the following:

- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Needed health care services and supports are provided.
- Medications are administered in accordance with physician's orders.
- Provider staff receive appropriate training.
- Staff meet job-specific qualifications in accordance with the Provider Agreement.
- Staff receive ongoing supervision consistent with their job function.

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Lighthouse Independent Living, Inc.: The 2017 QA survey resulted in the agency receiving a score of 46. This places them in the fair range of performance. This is the same score that the agency received in 2016.

The provider should focus efforts to ensure the following:

- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- Potential employees are screened.
- Medications are administered in accordance with physician's orders.
- Medication administration records are appropriately maintained (This is a repeat issue – Indicator 5.B.4).
- People are educated about and supported to have good nutrition.
- Policies are developed and implemented to ensure that employment is considered first.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

A recoupment letter was sent to the provider on April 18, 2017, in the amount of \$104.07. The recoupment was specific to issues regarding billing for Community Based (CB) Day services when documentation did not support the provision of the service.

A Sanction Warning letter regarding New Hire Staff Qualifications requirements will be sent to the provider after the request for review of their survey results has been completed.

The agency requested a review of specific survey findings on 4/21/17.

Personal funds accounts: 3 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure: Personal Property Inventories include the dates items are acquired and the associated costs of items purchased, and agreements for advancing funds are prepared timely.

Sertoma Center, Inc.: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (52 - Proficient in 2016). This increase in compliance was specific to improvements identified in Domain 5 (PC-SC).

A recoupment letter was sent to the provider on April 18, 2017, in the amount of \$64.70. The recoupment was specific to issues regarding billing for Community Based Day and Personal Assistance services when documentation did not support the provision of the service.

Personal funds accounts: 9 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure: receipts are retained and personal funds logs are maintained.

Middle Region:

Friendship- Day/Res, Med Res., Nursing and Personal Assistance: The exit conference was held on April 7, 2017.

- Scored 50 Proficient on the 2017 QA Survey.
 - Scored 48 Proficient on the 2016 Survey.
 - Domain 4 decreased from Substantial to Partial Compliance.
 - Domain 2 remained Partial Compliance.
 - Domains 5 and 10 increased from Partial to Substantial Compliance.
- Domain 2: Two Clinical Initial Assessments did not adequately address risk issues related to mealtime or communication and details of concerns were not documented.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 57 new employees.
- Domain 4: Outcome 4.D. Scored Minimal Compliance due to informed consents for psychotropic medications and a rights restriction not being completed per guidelines, lack of HRC review, and no dates of review.
- Domain 9: Training for new staff was at/above 95.8% for all modules. Tenured staff training was 95% or above for the 20 employees reviewed.
- Domain 10: Minor billing issues were identified for Speech, Occupational Therapy, and Supported Employment services. Recoupment occurred. One minor Personal Funds Management issue was identified for one of the four people reviewed due to over-payment of a bill.

Waves- Day/Res, and Personal Assistance: The exit conference was conducted on April 13, 2017.

- Scored 46 Fair on the 2017 QA Survey.
 - Scored 50 Proficient on the 2016 Survey.
 - Domains 2 and 9 decreased from Substantial to Partial Compliance.
 - Domains 5 and 10 remained Partial Compliance.
- Domain 2: A copy of the Individual Support Plan was not present during the QA home visit. A sanction occurred. Issues were identified with Monthly Reviews not addressing relevant outcomes and being submitted late.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 27 new employees.
- Domain 5: The records did not contain physicians' orders for all of the medications that were administered. For one person, the self-administration plan for blood glucose checks contained conflicting information and clarification was not obtained. Issues with medication administration were identified due to medications not beginning timely, not being available in the home, and an order to hold medications not being followed. Medication Variance forms were not consistently completed. Staff on duty during one home visit were not familiar with the dietary guidelines for one individual reviewed.
- Domain 9: Supervisory visits were not completed as required in 3 homes. Training was 100% compliant for all modules; tenured staff training was 94.7% compliant or above for the 19 tenured employees reviewed.
- Domain 10: Billing issues were noted for billing for Community Based Day services when the individual was independently in the community, billing for Res Hab and Supported Employment services when the individual was out of town for one person and billing for Supported Employment services without documentation of 6 hours of services for another individual. Recoupment occurred. No Personal Funds Management issues were identified for the three individuals reviewed.

Community Options- Day/Res, Family Model, Med Res., and Personal Assistance: The exit conference was conducted on April 28, 2017.

- Scored 52 Exceptional on the 2017 QA Survey.
 - Scored 48 Proficient on the 2016 Survey.
 - Domains 2 and 9 increased from Partial to Substantial Compliance.
 - Domain 10 remained Partial Compliance.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 73 new employees. Employee vehicles were not inspected per requirements for the Nashville office.
- Domain 9: Training was 91.2% compliant or above for all modules; tenured staff training was 95% compliant or above for the 20 tenured employees reviewed.
- Domain 10: Billing issues were identified due to lack of documentation of 6 hours of Community Based day service provision, billing for Supported Employment when the person was not employed, and billing for Supported Living when the person was with family. Recoupment occurred. Personal Funds Management issues were identified for three of the four individuals reviewed due to lack of maintenance of receipts and the transfer of monies to another account without supporting documentation. One person had over the allowable limit of funds in the bank account for 5 months.

Sitters & More- Day and Personal Assistance: The exit conference was conducted on April 28, 2017.

- Scored 42 Fair on the 2017 QA Survey.
 - Scored 46 Fair on the 2016 Survey.
 - Domain 9 decreased from Partial to Minimal Compliance.
 - Domain 10 decreased from Substantial to Partial Compliance.
 - Domains 2, 3, & 5 remained Partial Compliance.
- Domain 2: Services were not provided for one person due to staffing issues. A current ISP was not available in the home for one person reviewed. A sanction warning occurred. Outcome 2.D. scored Minimal Compliance due to Monthly Review documentation regarding ISP implementation was verbatim or provided little information throughout the review period for the five individuals reviewed. Evidence of communication with the ISC was not consistently maintained for one individual. The agency's process for reviewing and monitoring implementation of the ISP lacked sufficient information of outcome reviews.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were not completed timely per requirements. Background and registry checks were between 57.9% and 68.4% compliant for the 19 new employees. A sanction occurred.
- Domain 5: Although the agency reportedly does not administer medications, documentation in the daily notes indicated on several occasions that the PA assisted with refilling pill bottles.
- Domain 9: This Domain scored Minimal Compliance. Quality Improvement projects were completed quarterly during the review period but were not effective with improving the agency's overall performance. Multiple issues with the areas being targeted were identified. (Monthly Reviews, Personnel, & Training) New employee training was not completed timely (21.1% or above with no module scoring higher than 78.9%); tenured staff training was 18.8% compliant for the 16 tenured employees reviewed. A sanction occurred.
- Domain 10: Billing issues were identified for three of the five individuals reviewed due to lack of documentation of 6 hours of Community Based day service provision, Personal Assistance, and Transportation services. A referral to Risk Management occurred. The agency does not provide Personal Funds Management services.

- West Region:
- Faith Specialized Care Services – Day/PA provider scored 52 of 54/Exceptional Performance on the QA survey exited 4/7/17.
- Compared to their 2016 survey results, this is a 2-point decrease in compliance (54-Exceptional in 2016) related to issues identified in Domain 4 (SC-PC).
 - The agency needs to ensure:
 - Criminal background and registry checks are run using the correct spelling of the person’s legal name – a sanction warning was sent on 5/5/17;
 - Human Rights Committee reviews of, and informed consent for, psychotropic medication are completed timely; and
 - Documents related to personal funds are maintained as required (current SSA/SSI and food stamp letters; current leases with any approvals warranted, personal property inventories).
 - Outcome 10A, billing, scored Substantial Compliance. Overbilling in the amount of \$85.16 was noted; due to the agency’s Program Integrity status, this issue was forwarded to Risk Management on 5/5/17 as additional information for an open case.
 - Outcome 10B, personal funds management, scored Partial Compliance. All four people are due some amount of reimbursement due primarily to missing receipts and uneven splits of food and utility bills among house mates.

- A+ Care Solutions – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey exited 4/7/17.
- Compared to their 2016 survey results, this is a 2-point increase in compliance (50-Proficient in 2016) related to improvement identified in Domain 3 (PC-SC).
 - The agency needs to ensure:
 - Documentation accounts for the provision of each unit of authorized services in accordance with the waiver service definition;
 - Minutes of the Incident Review Committee accurately capture all pertinent discussions;
 - Human Rights Committee reviews of, and informed consent for, psychotropic medication and ISP restrictions are completed timely;
 - Documentation of unannounced staff supervisory visits always indicates whether the visits were announced or unannounced; and
 - Documentation supports day services are billed only when reflective of 6 hours of service, and LON4 residential services are billed only when the presence of a second residential staff is documented.
 - Outcome 10A, billing, scored Partial Compliance. A letter of recoupment of \$8,764.68 was sent 5/8/17.
 - Outcome 10B, personal funds management, scored Substantial Compliance.

Personal Assistance: East- no reviews; Middle- no reviews; West- Corey’s Vibe, Gentle Hands.

- West Region:
- Corey’s Vibe – Single person provider of PA and CB Day scored 48 of 54/Proficient on the QA survey exited 4/26/17.
- Compared to their 2016 survey results, this is a 2-point decrease in overall compliance (50-Proficient in 2016). Improvement was noted in Domain 3 (PC – SC) and issues were identified in Domains 2 (SC-PC) and 9 (SC-PC).
 - The agency needs to ensure:
 - Each day’s documentation accounts for 6 hours of day service or includes a reason outside the control of the provider for less than 6 hours;
 - Daily notes include start and end times at least for services;
 - The Incident Management Coordinator completes the DIDD Advanced Protection from Harm training;
 - A Crisis Intervention Policy for the agency is developed and approved or the agency requests and is granted a DIDD exemption for the policy;
 - Training and retraining of staff is completed timely; and
 - Only units of service supported by appropriate documentation are billed.
 - Outcome 10A, billing, scored Partial Compliance. A letter of recoupment of \$3,767.71 was sent 5/8/17.

- Gentle Hands – Single person provider of PA and Day services scored 54 of 54/Exceptional Performance on the QA survey exited 4/20/17. The provider also scored 54 of 54/Exceptional Performance during the 2016 survey.
- The agency needs to ensure recertifications in CPR and First Aid are completed timely.
 - Outcome 10A, billing, scored Substantial Compliance; no billing issues were identified.

ISC Providers: Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :

Providers reviewed: East- Allied Behavioral Services; Middle- no reviews; West- Irfa Karmali, Jason Grosser.

East Region:

Allied Behavioral Services Inc.: The 2016 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. This is the same survey score that they received in 2016.

West Region:

Irfa Karmali – Independent provider of Behavior services scored 28 of 36/Fair on the QA survey exited 4/6/17.

- Compared to the 2016 survey results, this is a 4-point decrease in compliance (32-Proficient in 2016) related to issues identified in Domains 2 (PC-MC) and 4 (SC-PC).
- The agency needs to ensure:
 - Annual Updates, BSPs, CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - BSPs containing restricted interventions are reviewed and approved by Behavior Support Committee/s as required; and
 - The provider's internal self-assessment process includes a review of content and quality of required elements in addition to presence of processes and documents.
- Outcome 10A, billing, scored Substantial Compliance. A letter of recoupment is pending.

Jason Grosser – Independent provider of Behavior services scored 32 of 36/Proficient on the QA survey exited 4/13/17. The provider also scored 32 of 36/Proficient, with a score of PC in Domains 2 and 9, in his 2016 survey.

- The agency needs to ensure:
 - BSPs, CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - BSP consent is obtained timely and there are no gaps between BSP implementation dates; and
 - The provider's internal self-assessment process includes a review of content and quality of required elements in addition to presence of processes and documents.
- Outcome 10A, billing, scored Substantial Compliance. No billing issues were identified.

Nursing Providers: Providers reviewed:

Therapy Providers:

Providers reviewed: East- no reviews; Middle- Full Circle Therapy; West- Nancy Williams.

Middle Region:

Full Circle Therapy- Physical Therapy: The exit conference was declined.

- Scored 28 Fair on the 2017 QA Survey.
 - Scored 28 Fair on the 2016 Survey.
 - Domains 2, 3, 9, & 10 remained Partial Compliance.
- Domain 2: Discrepancies in the number of approved units versus the number of units provided did not consistently contain an acceptable reason for two people review. This is a repeat issue. For three of the individuals reviewed, the clinician's electronic signature on the contact notes was post-dated. Staff competency training was not consistently being documented. Staff instructions for one person were not relevant to the person. Monthly progress notes were not consistently being completed and forwarded to the ISC timely. Monthly progress notes were being signed by the therapy assistant. Revisions made to the staff instructions did not provide an adequate explanation of the changes made. Evidence of competency-based training was not consistently documented. No discharge planning prior to the effective date of discharge was documented for one person.
- Domain 3: For one person the clinician reported that positioning equipment was not being utilized because staffing levels in the home were not adequate to ensure safe transfers. There was no indication that the clinician followed up with the residential provider or contact MTRO for assistance. There were no new employees hired during the past year.
- Domain 9: Based upon documentation reviewed, one individual was discharged from physical therapy because the clinical agency would no longer be providing waiver services after 5/31/17. The Provider Agreement requires at least a sixty day notice so that another provider may be located if continued services are still needed. Contact notes and monthly progress notes were not consistently being signed on the date of the actual service provision. The documentation of supervision was not consistently completed as required. This is a repeat issue.
- Domain 10: Billing issues were identified for the four individuals reviewed. Recoupment occurred.

West Region:

Nancy Williams – Therapy provider scored 34 of 36/Proficient on the QA survey exited 4/21/17.

- Compared to the 2016 survey results, this is a 4-point increase in compliance (30-Fair in 2016) related to improvements identified in Domains 3 (PC-SC) and 9 (PC-SC).
- The agency needs to ensure goals in Updated Plans of Care for people with continuing services are consistently functional and measurable and are continued only when there is documented progress.
- Outcome 10A, billing, scored Substantial Compliance. No billing issues were identified.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews:

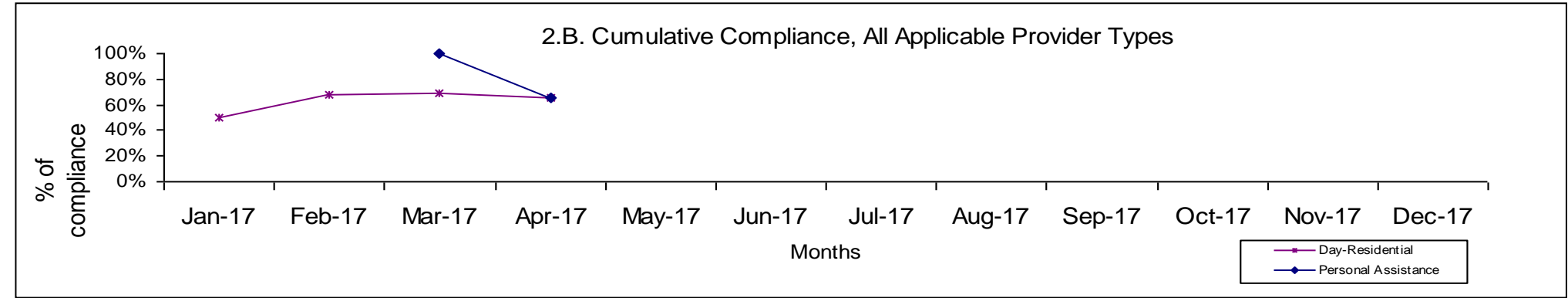
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)

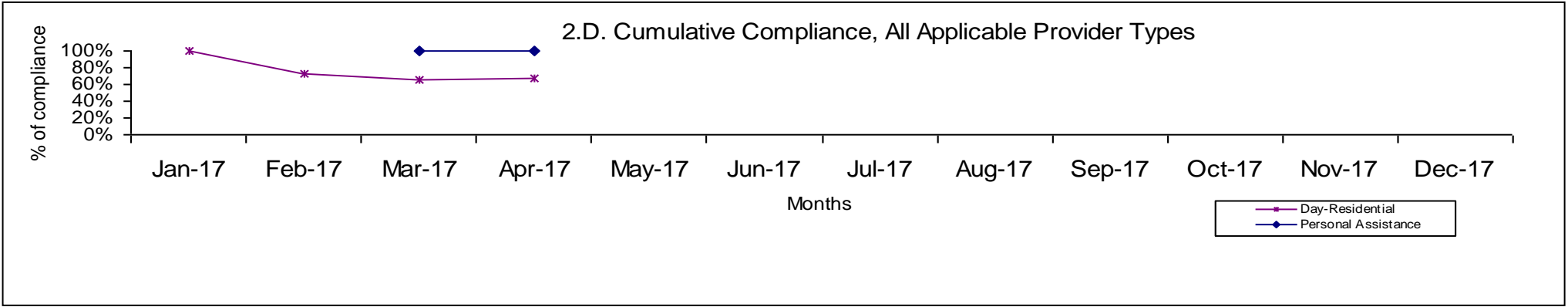
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	54%	72%
Personal Assistance	50%	100%

Cumulative Data:



Cumulative Data:

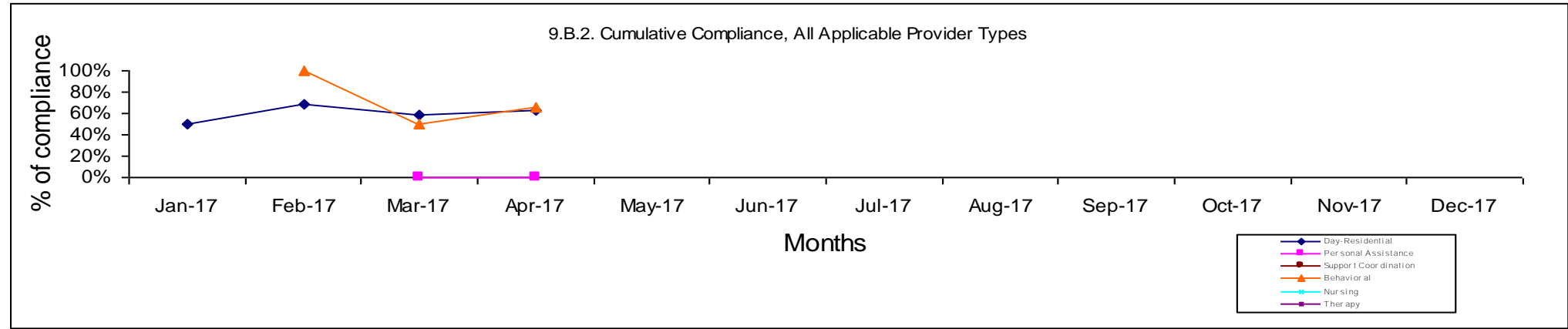


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	81%
Personal Assistance	0%
Support Coordination	N/A
Behavioral	100%
Nursing	N/A
Therapy	N/A

Cumulative Data:



F	Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds
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Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	8	28	24								
	# of Individual Personal Funds Accounts Fully Accounted For	1	2	19	21								
	# of Personal Funds Accounts Found Deficient	0	6	9	3								
	% of Personal Funds Fully Accounted for	100%	25%	68%	88%								
	% of Personal Funds Found Deficient	0%	75%	32%	13%								

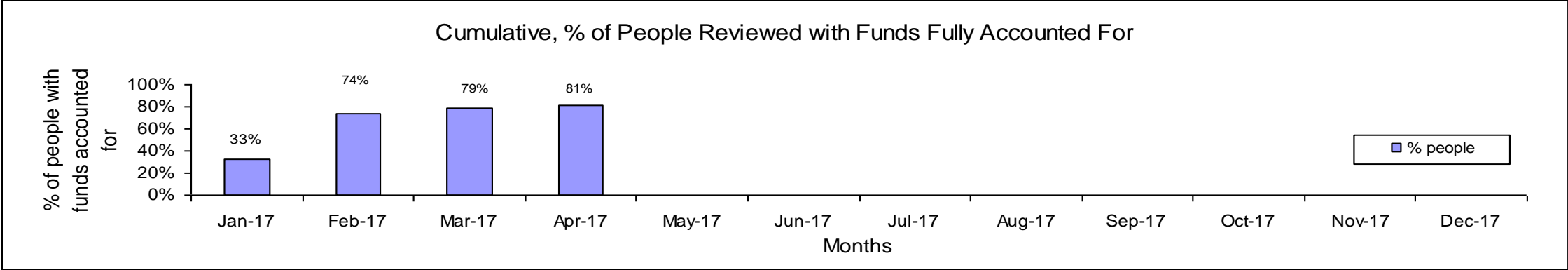
	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	4	19	18	11								
	# of Individual Personal Funds Accounts Fully Accounted For	0	18	18	8								
	# of Personal Funds Accounts Found Deficient	4	1	0	3								
	% of Personal Funds Fully Accounted for	0%	95%	100%	73%								
	% of Personal Funds Found Deficient	100%	5%	0%	27%								

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	10	19	13								
	# of Individual Personal Funds Accounts Fully Accounted For	1	10	16	13								
	# of Personal Funds Accounts Found Deficient	0	0	3	0								
	% of Personal Funds Fully Accounted for	100%	100%	84%	100%								
	% of Personal Funds Found Deficient	0%	0%	16%	0%								

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	37	65	48								
	# of Individual Personal Funds Accounts Fully Accounted For	2	30	53	42								
	# of Personal Funds Accounts Found Deficient	4	7	12	6								
	% of Personal Funds Fully Accounted for	33%	81%	82%	88%								
	% of Personal Funds Found Deficient	67%	19%	18%	13%								

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	43	108	156								
	# of Individual Personal Funds Accounts Fully Accounted For	2	32	85	127								
	# of Personal Funds Accounts Found Deficient	4	11	23	29								
	% Funds Accounted for, Cumulatively	33%	74%	79%	81%								
	% Funds Deficient, Cumulatively	67%	26%	21%	19%								

Region	% of Personal Funds Fully Accounted For
East	88%
Middle	73%
West	100%
Statewide	88%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.
See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.